Dental Statistics -
NHS Treatment and Fees
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https://code.statisticsauthority.gov.uk

Find out more about National Statistics at:
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Introduction

Background
This publication provides statistics on NHS General Dental Service treatment and fees from 2000/01 to 2019/20.

NHS General Dental Service (GDS)
The NHS General Dental Service (GDS) is usually the first point of contact for NHS dental treatment. The majority of GDS is provided by independent dentists (“High Street dentists”) who have contractual arrangements with NHS boards to provide GDS.

Historically, GDS was also provided by salaried dentists who were directly employed by NHS boards to provide an alternative service when considered the best solution to meet local needs.

Up to December 2013, the Community Dental Service (CDS) provided a ‘safety net’ dental service for people who were unable to obtain care through the GDS. Data in relation to patients treated by CDS were not fully collated nationally and therefore are not included in these statistics.

From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS). The main treatment role of the PDS is to provide care for people who have special needs and for whom particular skills are required to provide their care.

GDS is now delivered by independent dentists and the PDS.
COVID 19

It should be highlighted that these statistics are affected by the Covid-19 (Coronavirus) outbreak. In particular, on the 23 March, the nation entered a period of ‘lockdown’ and dental practices were asked to suspend all dental treatments. This means all planned appointments were cancelled long before they were due to take place. Therefore, March 2020 submitted claims were considerably low compared to previous months, mainly due to the combined effect of new patients not being seen for treatments therefore no claims were submitted for them, and also open courses of treatment not being completed as scheduled patients were unable to attend. Consequently, this had an impact on the number of treatments undertaken and fees paid in 2019/20.

The table below shows the dental claims by month for 2017/18, 2018/19 and 2019/20. These show the drop in claims in March. Dental practices were closed across Scotland on the 23rd of March as the UK entered lockdown to prevent the spread of Covid-19. A decrease in the number of treatments was likely in the weeks leading up to the lockdown. A few dental care centres were made available for patients with acute problems during lockdown, however, dentists at these facilities only offered a limited number of treatments in a bid to minimise the risk of coronavirus being spread.

<table>
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<tr>
<th>Month</th>
<th>Financial Year</th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>2017/18</td>
<td>2018/19</td>
<td>2019/20</td>
</tr>
<tr>
<td>April</td>
<td>475,013</td>
<td>472,949</td>
<td>433,056</td>
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<td>May</td>
<td>501,380</td>
<td>495,350</td>
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<td>August</td>
<td>504,253</td>
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<tr>
<td>September</td>
<td>443,576</td>
<td>437,354</td>
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<td>October</td>
<td>474,865</td>
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<td>November</td>
<td>494,796</td>
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<td>362,362</td>
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<td>474,830</td>
<td>523,600</td>
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<td>379,801</td>
<td>452,332</td>
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<td>March</td>
<td>485,207</td>
<td>486,113</td>
<td>235,183</td>
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<tr>
<td>Total</td>
<td>5,458,844</td>
<td>5,557,363</td>
<td>5,287,364</td>
</tr>
</tbody>
</table>


Key Definitions – Treatments

Statement of Dental Remuneration Items of Service (SDR IOS)

NHS dentists can provide a wide range of treatments to patients. The Statement of Dental Remuneration (SDR) lists all the items of service (i.e. treatments) that dentists can provide and claim payment for. Data presented here are grouped together under general treatment headings from the full list of treatments, for example ‘Examination and Report’ includes all treatment items relating to examinations and provision of a care and treatment summary report. A description of the main items of service can be found on the Public Health Scotland website.

PDS dentists, and dentists in the former salaried dental service, are remunerated by salary and do not receive SDR items of service (IOS) payments. However, claims are submitted to show what treatments are being delivered by them, to help understand all the treatment needs and to help with planning purposes for the whole country. Activity of the new PDS from 2014 and the former salaried dental service prior to 2014, are included in these statistics. However, any activity undertaken in the CDS prior to 2014 are not included.

See Appendix 4 - Impacts on treatments and fees data for a description of the patient age-specific rules for dentists claiming payment for treatments and how these affect the data published in this report. Additionally, changes in dental policy, such as those relating to registration, will also affect the data.

Course of treatment

A course of treatment (CoT) is defined as at least one SDR IOS being claimed by the dentist, and can cover a single appointment or multiple appointments. SDR treatments which do not incur a payment (tooth brushing or dietary advice) and orthodontic interim payments are included in individual treatment counts however are excluded when counting courses of treatment.

The rate per 100 courses of treatment is derived using the following formulae:

\[
\text{Rate per 100 courses of treatment} = \frac{\text{number of treatments}}{\text{number of courses of treatment}} \times 100
\]

A course of treatment can cover a single treatment or multiple treatments. Each treatment is counted in the numerator; however, a course of treatment covering multiple treatments will only be counted once in the denominator. As a result, the rate per 100 courses of treatment will sometimes exceed 100.
Patient age-specific rules for claiming treatments

There are different claiming rules regarding treatments undertaken for children and adults.

Children (aged under 18 years)

Not all treatments are claimable for children. Non-orthodontic examinations and radiographs (x-rays), scale & polish and other minor treatments are covered by the fee the dentist receives for capitation (see below). However, dentists can claim payment if treatment is necessitated by trauma. GDS dentists can also claim for orthodontic treatments they are approved to undertake.

Adults (patients aged 18+ years)

All treatments relating to adults can be claimed. NHS orthodontic care is not usually available for patients aged over 18 but may be approved on a case-by-case basis if it is needed for health reasons.
Key Definitions – Fees

Payments for Treatment Provided – SDR IOS earnings
Payments are made for individual treatments provided. This includes any statutory contribution made by the patient.

For formulae used to calculate IOS earnings please see Appendix 3.

Registration payments
Dentists are paid a monthly fee for each registered patient. These payments cease if the patient deregisters or registers with a different dentist. Payments are reduced to 20% of the original fee if the patient does not attend GDS for 3 years or more. Payments will return to the full amount when a new treatment is claimed by an NHS dentist.

Capitation – a basic monthly fee for the care and treatment of patients under the age of 18. This fee covers examinations, x-rays, scale & polish, preventative care, such as treatments under Childsmile, and other minor SDR treatments.

Continuing Care – Is a monthly fee payable for the provision of continuing care to patients aged 18 years or over.

For formulae used to calculate registration payments please see Appendix 3.

Fees received by dentists
Dentists are paid fees for each registered patient and for treatments provided. For the purposes of this publication:

Fees received by dentist = SDR IOS earnings + capitation + continuing care payments
Child fees = Child SDR IOS earnings + capitation payments
Adult fees = Adult SDR IOS earnings + continuing care payments

PDS dentists, and dentists in the former salaried dental service, are remunerated by salary and do not receive SDR IOS or registration payments. Notional fees (fees which would have been paid for registrations and treatments undertaken) associated with the activity of the new PDS from 2014, and the former salaried dental service prior to 2014, are included in these statistics. However, any activity undertaken in the CDS prior to 2014 are not included.

Please note: Due to the way the data is held in the PHS dental warehouse, it is not possible to establish whether bulk adjustments (backdated payments) relate to the treatment of children or adults and as a result these are only include in the national figures. Further details can be found in Appendix 1.
Adjustments for inflation

This publication shows ‘actual fees’ i.e. the value of GDS fees authorised each year. Fees from 2000/01 to 2018/19 have been scaled using the June 2020 GDP deflator to show what they would be in 2019/20 prices. By removing inflation-induced changes in the figures, it is easier to identify any actual variation in fees data. See Appendix 2 for further details.

Calculation of costs

For formulae used to calculate costs per head (children and adults) and costs per registered patient (children and adults) please see Appendix 3.

NHS Boundaries

2019 NHS Board boundaries are used throughout this publication, with older data broken down by 2014 and 2018 NHS Board boundaries.

Further sources of information on dental services

Appendix 5 provides links to further information related to dental services and dental health. These include PHS publications, Scotland-wide dental information and sources of UK-wide information on NHS treatment and fees data.
Main points

Treatment

Children (under 18)

- Since 2000/01, the number of fillings given to children has fallen by more than 65% from 775,000 to just over 268,000.
- Similarly, the number of teeth extracted has fallen by 46%, from over 133,000 in 2000/01 to 72,400 in 2019/20. In the last 5 years the number has been below 90,000 but due to COVID19 pandemic this year is has noticeably decreased from just under 86,000 last year
- A third (32.8%) of the claimable dental treatments provided to children were given under the Childsmile programme in 2019/20. These include fluoride varnish application, toothbrushing instruction and dietary advice.

Adults (18 and over)

- In 2019/20 the number of courses of treatment claimed was just over 4.1 million, a decrease of just over 181,433 (4.2%) from 2018/19. This decrease is due to the COVID19 pandemic.
- Around a third (32.3%) of adult treatments claimed were for examinations.

Fees

National Fees

- In 2019/20, £298.6 million in GDS fees was authorised in Scotland, a decrease of £4.4 million (1.4%) from 2018/19. In the last 5 years’ fees had been continually increasing but have slightly decreased this year due to COVID19 pandemic.
- When adjusted for inflation, GDS fees increased each year from 2004/05 until 2011/12; before stabilising up until 2018/19, and then dropping in 2019/20.

Child Fees

- In 2019/20, the actual cost per head of child population across Scotland was £77. When adjusted for inflation, fees have been fairly stable at this level since 2008/09.
- In 2019/20, the actual cost per registered child ranged from £61 in Shetland to £93 in Ayrshire & Arran.

Adult Fees

- In 2019/20, the actual cost per head of adult population across Scotland was £49. When adjusted for inflation, fees are at their lowest since 2008/09.
- In 2019/20, the actual cost per registered adult ranged from £36 in Shetland to £54 in Borders and Lanarkshire.
Results and Commentary

Courses of Treatment

Due to the differing rules for claiming treatments for child and adult patients, combined figures are not reported in this publication. As such, comparisons between the numbers of courses of treatments (CoT) given to adults and children should not be made. For further information, see Appendix 4.

Children

In 2019/20, the number of GDS CoT given to children in Scotland was just over 471,000, a slight decrease from 2018/19. Following a steady decline from 2000/01 to 2010/11, there was an increase in the number of CoT between 2011/12 and 2012/13 but this has dropped slightly in recent years (Figure 1a).

As not all SDR IOS are claimable for children such as non-orthodontic examinations, these figures will undercount the ‘true’ level of treatment being delivered by GDS. However, this is an accurate representation of what can be claimed for treatments on children.

Figure 1a - GDS: Number of courses of treatment; Scotland; by financial year1-4 – Children

Source: Public Health Scotland, MIDAS.

1 A course of treatment is defined as at least one SDR IOS being claimed on a GP17 form.
2 Data published undercounts the ‘true’ level of treatment for children. Therefore, caution should be taken when interpreting these figures and comparisons with figures for adults should not be made.
3 Financial years in which the treatment was paid.
4 Children are defined as <18 years’ old.
Adults

In 2019/20, there were just over 4.1 million CoT given to adults in Scotland. Between 2007/08 and 2018/19 the number of CoT rose sharply, but decreased in 2019/20 (Figure 1b). The increase since 2007/08 may be due to an overall increase in patients participating and the subsequent decrease in the current year will be due to the COVID19 pandemic, as reported in the Registration & Participation publication.

Figure 1b - GDS: Number of courses of treatment; Scotland; by financial year

**Source:** Public Health Scotland, MIDAS.

1. A course of treatment is defined as at least one SDR IOS being claimed on a GP17 form
2. Financial years in which the treatment was paid
3. Adults are defined as aged 18+ years
Orthodontic Courses of Treatment

Children

In 2019/20, there were around 90,000 courses of orthodontic treatment for children in Scotland, equating to around 19.3% of all claimable CoT (Figure 2a).

Unlike most other treatments for children, the claiming rules do not result in undercounting orthodontic activity. However, as the overall number of CoT will be lower than the ‘true’ level of treatment, the percentage of orthodontic treatment reported in this publication will be higher in relation to the ‘true’ value of all treatments delivered by GDS. However, this will reflect the true percentage of orthodontic treatment claimable.

The percentage of orthodontic treatments in children has decreased overall since 2010/11. The introduction in 2011 of the Index of Orthodontic Treatment Need (IOTN) (an assessment of the requirement for orthodontic treatment) may be a contributing factor in the overall drop in the number and percentage of orthodontic treatments.

Figure 2a - GDS: Number and percentage of orthodontic courses of treatment; Scotland; by financial year1-3 - Children

Source: Public Health Scotland, MIDAS.

1 An orthodontic course of treatment is defined as at least one SDR IOS being claimed on a GP17(O) form
2 Financial years in which the treatment was paid
3 Children are defined as <18 years' old
Adults

The number of orthodontic CoT given to adults in Scotland (around 8,400 in 2019/20) showed an overall increase between 2003/04 and 2017/18, but decreased over the last 2 years, the COVID19 pandemic has led to a larger decrease in the last year (Figure 2b). The percentage of orthodontic CoT from all claimable CoT has remained steady at around 0.2%.

Figure 2b - GDS: Number of orthodontic courses of treatment; Scotland; by financial year$^1$– Adults

Source: Public Health Scotland, MIDAS.

$^1$ An orthodontic course of treatment is defined as at least one SDR IOS being claimed on a [GP17(O) form](#).

$^2$ Financial years in which the treatment was paid

$^3$ Adults are defined as aged 18+ years
Individual Treatments

Children

The five most common types of SDR IOS treatments carried out on children in 2019/20 are shown in Figure 3a. A third (32.8%) were treatments given under Childsmile, such as tooth brushing instruction and dietary advice.

The second most common SDR IOS were treatments of deciduous teeth ("baby teeth"), including fillings and application of fissure sealant (16.5% of all SDR IOS claims).

Figure 3a: Most common SDR IOS treatments - percentage of all claims; Scotland; 2019/201-3 – Children

Not all SDR IOS are claimable for children. As a result, data published will undercount the 'true' level of treatment for children.

Source: Public Health Scotland, MIDAS. Data extracted in May 2020
1 Items of service (i.e. treatments) as stated in the Statement of Dental Remuneration (SDR)
2 Children are defined as <18 years’ old
3 For children, not all SDR IOS are claimable, e.g. examinations can only be claimed for orthodontic purposes or when necessitated by trauma. As a result, data published will undercount the ‘true’ level of treatment for children. Therefore, caution should be taken when interpreting

Additional information by individual SDR IOS and main groups of treatment can be found in Table 1a and Table 2a.

The number of children’s teeth filled decreased steadily from around 775,000 in 2000/01 to around 268,000 in 2019/20. The number of fillings per 100 courses of treatment has shown a similar pattern, decreasing from 141 in 2000/01 to 57 in 2019/20. The number of teeth extracted has also decreased steadily overall from over 133,000 in 2000/01 to 72,400 in 2019/20. The number of teeth extracted per 100 courses of treatment showed a similar pattern, dropping from 24 in 2000/01 to 15 in 2019/20.

A course of treatment can cover a single treatment or multiple treatments. Each treatment is counted in the numerator; however a course of treatment covering multiple treatments will
only be counted once in the denominator. As a result, the rate per 100 courses of treatment will sometimes exceed 100. Further information on calculating the rate of treatments per 100 courses of treatment can be found in Appendix 3.

**Adults**

The five most common treatments given for adults are different to those in children (Figure 3b). Around a third (32.3%) of SDR IOS treatments were for examinations or provision of a care and treatment summary report. The second most common SDR IOS type was for periodontal treatment (treatment of the gums and supporting tissues of the teeth, including scaling and polishing), at 23.3% of all SDR IOS for adults.

Non-orthodontic examinations and radiographs (x-rays), scale & polish and other minor treatments are covered by the fee the dentist receives for capitation. Dentists can only claim payment if treatment is necessitated by trauma. This will account for the differing common treatments provided for children.

**Figure 3b: Most common SDR IOS - percentage of all claims; Scotland; 2019/20¹² – Adults**

<table>
<thead>
<tr>
<th>IOS Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination and report</td>
<td>32.3%</td>
</tr>
<tr>
<td>Periodontal treatment</td>
<td>23.3%</td>
</tr>
<tr>
<td>Permanent fillings</td>
<td>15.5%</td>
</tr>
<tr>
<td>Radiographs and study models</td>
<td>11.8%</td>
</tr>
<tr>
<td>Extractions</td>
<td>7.5%</td>
</tr>
<tr>
<td>Other</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Source: Public Health Scotland, MIDAS. Data extracted in May 2020
¹ Items of service (i.e. treatments) as stated in the Statement of Dental Remuneration (SDR)
² Adults are defined as 18+ years

The number of examinations per 100 courses of treatment has fluctuated between 63 and 66 but in the last 5 years has consistently stayed around 65

Additional information by individual SDR IOS and main groups of treatment can be found in Table 1b and Table 2b.
Fees

National trends

Actual fees
In 2019/20, £298.6 million of GDS fees were authorised in Scotland, a decrease of £4.4 million (1.4%) from 2018/19 (Figure 4a). This is the first annual decrease since 2003/04 possibly due to the COVID19 pandemic.

Fees adjusted for inflation
When adjusted for inflation (i.e. scaled to determine what the value would be in 2019/20 prices), the national GDS fees remained fairly stable between 2000/01 and 2005/06. Fees subsequently increased year on year until 2011/12, and remained stable until 2018/19. This year’s figure is the lowest since 2009/10. Further information regarding the methodology to adjust for inflation can be found in Appendix 2.

Impact of increases in payments made for items of service in the SDR
Over time, there have been increases made to the payments relating to the SDR IOS which were not solely inflation-based. These changes will also have had an impact on the changes over time in the value of GDS fees reported.
Figure 4a: GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year

Source: Public Health Scotland, MIDAS.

1 Total of capitation/continuing care fees and SDR IOS fees
2 Fees adjusted for inflation have been scaled to determine what the value for the year of interest would have been in 2019/20 prices
3 From April 2006, the period in which a registration lapsed if the patient didn’t attend GDS was extended incrementally until the introduction of ‘lifetime registration’ in April 2010
4 From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

IOS bulk adjustments (backdated payments) of between £410,000 and £4.5 million have been authorised each year. Further details can be found in Appendix 1. These adjustments have been included in Figure 4a to give an accurate overall picture. However, due to the way the data is held on the PHS dental warehouse, we are currently unable to establish whether these payments relate to child or adult activity. As a result, these are excluded from the remaining figures and tables in this publication.
In the following figures and tables, GDS fees data corresponding to child and adult patients are reported separately.

**Child fees trends**

**Actual fees**

In 2019/20, around £79.6 million in child GDS fees was authorised in Scotland, the highest reported figure (Figure 4b).

As reported in the Registration & Participation publication, the number of children registered and attending GDS has risen since 2007. This will have contributed to a rise in capitation payments, and presumably also in SDR IOS payments.

**Fees adjusted for inflation**

When adjusted for inflation, fees remained stable between 2000/01 and 2004/05, subsequently increasing each year to the highest reported figure (£81.5 million) in 2011/12, and have since stabilised.

**Figure 4b: GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year**

Source: Public Health Scotland, MIDAS.

- **1** Total of capitation and child SDR IOS fees for the financial year
- **2** Fees adjusted for inflation have been scaled to determine what the value for the year of interest would have been in 2019/20 prices
- **3** From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of ‘lifetime registration’ in April 2010
- **4** From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)
- **5** Children are defined as <18 years’ old
- **6** Excludes a share of backdated IOS payments ranging from £410,000 to £4.5 million each year which cannot be attributed to patient age
Adult fees trends

Actual fees

In 2019/20, over £216 million in adult GDS fees was authorised in Scotland, a decrease of £5.2 million (2.4%) from 2018/19. Fees were increasing until the COVID19 pandemic.

Fees adjusted for inflation

When adjusted for inflation, fees remained fairly steady until 2007/08, subsequently increasing each year until 2012/13, then stabilising between 2013/14 and 2018/19 before decreasing this year (Figure 4c).

As reported in the Registration & Participation publication, the number of adults registered and attending GDS has risen since 2007. This will have contributed to a rise in continuing care payments. The number of courses of treatment for adults increased sharply from 2007/08 (Figure 1b), which will have contributed to a rise in SDR IOS earnings as all adult treatments are claimable.

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Source: Public Health Scotland, MIDAS.

1 Total of continuing care fees and adult SDR IOS fees
2 Fees adjusted for inflation have been scaled to determine what the value for the year of interest would have been in 2019/20 prices
3 From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of ‘lifetime registration’ in April 2010
4 From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)
5 Adults are defined as aged 18+ years
6 Excludes a share of backdated IOS payments ranging from £410,000 to £4.5 million each year which cannot be attributed to patient age
Cost per head and cost per registered patient

For formulae used to calculate costs per head (children and adults) and costs per registered patient (children and adults) please see Appendix 3.

Children - Cost per head of child population

Actual fees

In 2019/20, the cost per head of population for children was £77, the same as the 2018/19 figure. Rates have shown an overall increase since 2000/01 (Figure 5a).

Fees adjusted for inflation

When adjusted for inflation, the cost per child shows a similar pattern to national child fees (Figure 4b), increasing between 2000/01 and 2009/10, and subsequently remaining fairly stable.

Children - Cost per registered child

Actual fees

In 2019/20, the cost per registered child was £82, an increase on 2018/19 (£81).

Fees adjusted for inflation

When adjusted for inflation, the cost per registered child increased overall from 2000/01, peaking in 2006/07, where it declined to 2013/14 and has now stabilised. This will be partly due to rising child registration rates, as reported in the Registration & Participation publication.
Figure 5a: GDS fees - Cost per head of population and registered patient. Actual fees and fees adjusted for inflation; Scotland, by financial year\(^1\)–\(^\text{11}\) – Children

Source: Public Health Scotland, MIDAS.

1 Total of capitation and child SDR IOS fees paid in each financial year

2 The average cost per head of population is calculated by dividing fees by NRS mid-year population estimates

3 NRS mid-year population estimates for 2000 and 2001 are based on the 2001 Census, 2002 to 2011 have been revised based on the 2011 Census, 2012 onwards are based on the 2011 Census

4 The average cost per registered patient is calculated by dividing fees by the number of registered patients

5 Costs adjusted for inflation have been scaled to determine what the value for the year of interest would be in 2019/20

6 From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of ‘lifetime registration’ in April 2010

7 From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

8 All registration figures are derived from data snapshots of patients registered as at 31st March each year

9 Excludes registrations that are in abeyance (most recent registration is with a retired or otherwise ceased list number)

10 Excludes a share of backdated IOS payments ranging from £410,000 to £4.5 million each year which cannot be attributed to patient age

11 Children are defined as <18 years’ old
Adults - Cost per head of adult population

Actual fees
In 2019/20, the cost per head of population for adults was £49 (Figure 5b).

Fees adjusted for inflation
When adjusted for inflation, the cost per adult shows a similar pattern to national adult fees (Figure 4c). Between 2000/01 and 2007/08 the cost per adult remained fairly steady, subsequently increasing steadily to its highest rate in 2012/13. Since then it remained fairly stable until decreasing this year to its lowest rate since 2008/09.

Adults - Cost per registered adult

Actual fees
In 2019/20, the cost per registered adult remains at its lowest reported level of £50.

Fees adjusted for inflation
When adjusted for inflation, the cost per registered adult remained steady between 2000/01 and 2006/07. However, rising adult registration rates since 2007 (as reported in the Registration & Participation publication) have contributed to a decrease in the cost per registered adult since 2006/07.
Figure 5b: GDS fees - Adjusted for inflation and Actual fees cost per head of population and registered patient; by financial year¹⁻¹¹ – Adults

Source: Public Health Scotland, MIDAS.

¹ Total of continuing care and adult SDR IOS fees in each financial year

² The average cost per head of population is calculated by dividing fees by NRS mid-year population estimates

³ NRS mid-year population estimates for 2000 and 2001 are based on the 2001 Census, 2002 to 2011 have been revised based on the 2011 Census, 2012 onwards are based on the 2011 Census

⁴ The average cost per registered patient is calculated by dividing fees by the number of registered patients

⁵ Costs adjusted for inflation have been scaled to determine what the value for the year of interest would have been in 2019/20 prices

⁶ From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of 'lifetime registration' in April 2010

⁷ From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

⁸ All registration figures are derived from data snapshots for patients registered as at 31st March each year

⁹ Excludes registrations that are in abeyance (most recent registration is with a retired or otherwise ceased list number)

¹⁰ Excludes a share of backdated IOS payments ranging from £410,000 to £4.5 million each year which cannot be attributed to patient age

¹¹ Adults are defined as aged 18+ years
Fees by NHS board

Children

In 2019/20, the actual cost per head of child population ranged from £57 in Western Isles to £86 in Ayrshire & Arran (Figure 6a).

The cost per registered child ranged from £61 in Shetland to £93 in Ayrshire & Arran.

The cost per head of child population in Greater Glasgow & Clyde was slightly higher than the cost per registered child (£85 compared to £84). This is because some children who are treated in Greater Glasgow & Clyde live in other NHS Board areas.

Figure 6a - GDS fees: Actual cost per head of population and registered patient; by NHS board, 2019/20¹⁻⁸ – Children

Source: Public Health Scotland, MIDAS.

¹ Total of capitation and child SDR IOS fees paid in 2019/20 by NHS board of dental practice
² The average cost per head of population is calculated by dividing total fees by the NRS 2019 mid-year population estimate
³ The average cost per registered patient is calculated by dividing the total fees by the number of registered patients
⁴ NHS Board of dentist, based on the 2019 boundaries
⁵ Registration figures are derived from a data snapshot taken in May 2020 for patients registered as at 31st March 2020
⁶ Excludes registrations that are in abeyance (most recent registration is with a retired or otherwise ceased list number)
⁷ Children are defined as <18 years’ old
⁸ Excludes a share of a backdated IOS payment of over £2.9M which cannot be attributed to patient age

Differing use of private dentistry, the CDS historically and registration and participation rates across the NHS boards may explain some of the variation in the GDS fees across NHS Boards.

Trend data for the GDS fees from 2000/01 to 2019/20 by NHS board are shown in (Table 3).
Adults

In 2019/20, the actual cost per head of adult population ranged from £35 in Shetland to £57 in Greater Glasgow & Clyde (Figure 6b).

The cost per registered adult ranged from £36 in Shetland to £54 in Borders and Lanarkshire.

The cost per head of adult population in Ayrshire & Arran, Greater Glasgow & Clyde and Lanarkshire is slightly higher than the cost per registered adult in these areas. This is because some adults who are treated and registered in these NHS Boards live in other NHS Board areas, thus increasing the average cost of treatment relative to the population.

**Figure 6b - GDS fees: Actual cost per head of population and registered patient; by NHS board, 2019/20**

Source: Public Health Scotland, MIDAS.

1 Total of continuing care and adult SDR IOS fees paid in 2019/20 by NHS board of dental practice
2 The average cost per head of population is calculated by dividing total fees by the NRS 2019 mid-year population estimate
3 The average cost per registered patient is calculated by dividing the total fees by the number of registered patients
4 NHS board of dentist, based on the 2019 boundaries
5 Registration figures are derived from a data snapshot taken in May 2020 for patients registered as at the 31st March 2020
6 Excludes registrations that are in abeyance (most recent registration is with a retired or otherwise ceased list number)
7 Adults are defined as aged 18+ years
8 Excludes a share of a backdated IOS payment of over £2.9M which cannot be attributed to patient age

Differing use of private dentistry, the CDS historically and registration and participation rates across NHS boards may explain some of the variation in the GDS fees across NHS Boards. Trend data for GDS fees from 2000/01 to 2019/20 by NHS board are shown in Table 4.
Glossary

Actual fees
The value of GDS fees as reported in the financial year (i.e. not adjusted for inflation).

Adjusted for inflation
Fees for 2019/20 remain unchanged, whereas fees for previous years are scaled using the June 2020 GDP deflator to show what they would have been in 2019/20.

Capitation
Dentists are paid a monthly fee for each registered patient. A capitation payment is a basic fee for the care and treatment of patients under the age of 18. This fee includes examinations, x-rays and preventative care such as treatments under Childsmile. Capitation payments are reduced to 20% of the original fee if the child does not attend the practice for 3 years.

CDS
Community Dental Service
CDS provided a ‘safety net’ dental service for people who were unable to obtain care through the GDS. From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

Continuing Care
A continuing care payment is a fee payable for the provision of continuing care to patients aged 18 years or over. Treatments carried out for adults are claimed on top of this fee. As with capitation, these payments are also reduced to 20% of the original fee if the patient does not attend the practice for 3 years.

Course of treatment
A course of treatment is defined as at least one SDR IOS being claimed on a GP17. A course of treatment can cover one day, for example, an examination/check-up, or can cover several weeks or years in some cases of orthodontic treatment. A patient may have several appointments to complete the treatment required.

COVID19
Due to the COVID19 pandemic, some treatments which were scheduled for the last few weeks of March 2020 were postponed.

Deprivation category enhancement
Additional payment for patients resident in a Scottish Index of Multiple Deprivation (SIMD) area 1.

Fees
SDR IOS earnings + capitation + continuing care payments

GDS
General Dental Service
The NHS General Dental Service (GDS) is usually the first point of contact for NHS dental treatment
Independent dentist

Independent contractor dentist working on behalf of an NHS board

IOTN

The Index of Orthodontic Treatment Need (IOTN), an assessment of the requirement for orthodontic treatment which was introduced in 2011.

MIDAS

Management Information & Dental Accounting System Computerised payment system for GDS dentists

Notional fees

Fees which would’ve been paid to PDS dentists and dentists in the former salaried dental service (who do not receive SDR IOS or registration payments as they are remunerated by salary)

PDS

Public Dental Service

From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS). The main role of PDS dentists is to provide GDS for people who cannot access care from an independent dentist

PSD

Practitioner Services Division (now part of Practitioner & Counter Fraud Services)

Referral fee

Fee for patient management where the patient is being treated on referral from another dentist with whom the patient has a continuing care or capitation agreement.

Registration

Registration with an NHS dentist for GDS

Regulation 9

This applies to the replacement of lost or broken dentures, splints, bridges and orthodontic appliances, due to an act or omission by the patient.

Salaried dentist

Dentist working in the salaried General Dental Service (or Community Dental Service) as an employee of an NHS board. Provided an alternative service to the independent dentists in order to meet the oral health needs of the local population. From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

SDR

Statement of Dental Remuneration

SDR Items of service (SDR IOS)

NHS dentists can provide a wide range of dental treatments to their patients, from a simple examination to complex surgical treatment. The Statement of Dental Remuneration (SDR) lists all the items of service (i.e. treatments) that dentists can provide.
| Special needs payment | Additional payment where the patient has a severe mental or physical disability or severe learning difficulties and where, to provide treatment, it is necessary for the dentist to spend at least double the normal amount of time for a patient of the same age. |
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Further Information
Further Information can be found on the PHS website.

The next release of this publication will be 14 September 2021.

Rate this publication
Let us know what you think about this publication via. the link at the bottom of this publication page on the PHS website.
Appendices

Appendix 1 – Fees excluded from child and adult figures

Each year, IOS bulk adjustments are authorised for GDS. Due to the way the data is held on the PHS dental warehouse, it is not possible to establish whether these adjustments relate to registration/treatment of children or adults and as a result these are only included in the national figures shown in Figure 4a.

The amount of IOS bulk adjustments for 2000/01 to 2019/20 are shown below.

Table 5 – GDS fees excluded from child and adult figures; Scotland; by financial year

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Amount Paid (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000/2001</td>
<td>1,024,883</td>
</tr>
<tr>
<td>2001/2002</td>
<td>900,157</td>
</tr>
<tr>
<td>2002/2003</td>
<td>1,075,920</td>
</tr>
<tr>
<td>2003/2004</td>
<td>1,641,372</td>
</tr>
<tr>
<td>2004/2005</td>
<td>1,172,349</td>
</tr>
<tr>
<td>2005/2006</td>
<td>1,181,189</td>
</tr>
<tr>
<td>2006/2007</td>
<td>1,329,083</td>
</tr>
<tr>
<td>2007/2008</td>
<td>2,748,742</td>
</tr>
<tr>
<td>2008/2009</td>
<td>4,542,735</td>
</tr>
<tr>
<td>2009/2010</td>
<td>2,039,578</td>
</tr>
<tr>
<td>2010/2011</td>
<td>1,638,600</td>
</tr>
<tr>
<td>2011/2012</td>
<td>1,484,625</td>
</tr>
<tr>
<td>2012/2013</td>
<td>1,589,492</td>
</tr>
<tr>
<td>2013/2014</td>
<td>4,137,117</td>
</tr>
<tr>
<td>2014/2015</td>
<td>1,263,093</td>
</tr>
<tr>
<td>2015/2016</td>
<td>410,059</td>
</tr>
<tr>
<td>2016/2017</td>
<td>1,182,114</td>
</tr>
<tr>
<td>2017/2018</td>
<td>1,728,822</td>
</tr>
<tr>
<td>2018/2019</td>
<td>2,908,778</td>
</tr>
<tr>
<td>2019/2020</td>
<td>2,913,026</td>
</tr>
</tbody>
</table>
Appendix 2 – Adjustment for Inflation Calculations

The fee values quoted within this publication are also presented having been adjusted for inflation.

To adjust for inflation there is a two-step process:

- **Step 1**: Determine a reference financial year
  
  For the purposes of the presentation, this is 2019/20. In other words, fees for 2019/20 remain unchanged.

- **Step 2**: Scale all other financial years by a factor
  
  The scaling factor is determined using the June 2020 GDP deflator (see table below). This is calculated by taking the 2019/20 market price value=100 and dividing by the market value price for the financial year of interest. In effect this scaling is to determine what the value would have been in 2019/20 prices.
Scaling Factor:

The following table (first two columns are taken from the GDP website) shows the values utilized within this publication when scaling for inflation (“Scaling Factor”).

Table 6 – GDP scaling factors by financial year

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>GDP deflator at market prices</th>
<th>Scaling Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000/01</td>
<td>68.529</td>
<td>100/68.529</td>
</tr>
<tr>
<td>2001/02</td>
<td>69.383</td>
<td>100/69.383</td>
</tr>
<tr>
<td>2002/03</td>
<td>70.994</td>
<td>100/70.994</td>
</tr>
<tr>
<td>2003/04</td>
<td>72.422</td>
<td>100/72.422</td>
</tr>
<tr>
<td>2004/05</td>
<td>74.471</td>
<td>100/74.471</td>
</tr>
<tr>
<td>2005/06</td>
<td>76.287</td>
<td>100/76.287</td>
</tr>
<tr>
<td>2006/07</td>
<td>78.453</td>
<td>100/78.453</td>
</tr>
<tr>
<td>2007/08</td>
<td>80.540</td>
<td>100/80.54</td>
</tr>
<tr>
<td>2008/09</td>
<td>82.595</td>
<td>100/82.595</td>
</tr>
<tr>
<td>2009/10</td>
<td>83.957</td>
<td>100/83.957</td>
</tr>
<tr>
<td>2010/11</td>
<td>85.395</td>
<td>100/85.395</td>
</tr>
<tr>
<td>2011/12</td>
<td>86.698</td>
<td>100/86.698</td>
</tr>
<tr>
<td>2012/13</td>
<td>88.484</td>
<td>100/88.484</td>
</tr>
<tr>
<td>2013/14</td>
<td>90.191</td>
<td>100/90.191</td>
</tr>
<tr>
<td>2014/15</td>
<td>91.450</td>
<td>100/91.45</td>
</tr>
<tr>
<td>2015/16</td>
<td>92.238</td>
<td>100/92.238</td>
</tr>
<tr>
<td>2016/17</td>
<td>94.422</td>
<td>100/94.422</td>
</tr>
<tr>
<td>2017/18</td>
<td>96.053</td>
<td>100/96.053</td>
</tr>
<tr>
<td>2018/19</td>
<td>98.102</td>
<td>100/98.102</td>
</tr>
<tr>
<td>2019/20</td>
<td>100.000</td>
<td>100/100 = 1 (Reference Point)</td>
</tr>
</tbody>
</table>

Example:

The 2000/01 actual fees for children = £41,574,833 (see Table 3).

To determine how much this would be in 2019/20 prices, from the table above, multiply the actual fee value by the scaling factor (100/68.529). The fee adjusted for inflation is then £60,667,503.
Appendix 3 – Methodology

Data Collection
Management Information & Dental Accounting System (MIDAS) is the payment system which processes information on GDS dental activity in Scotland. GP17 forms are submitted by dentists after the completion of a course of treatment. Orthodontic treatment is claimed using a GP17(O) form.

Data Extraction
Data is extracted from MIDAS. GP17 and GP17(O) forms must be received by Practitioner Services Division (PSD; now part of Practitioner & Counter Fraud Services) within three months of the completion date of treatment. As a result, dental activity may take several months to be included in MIDAS.

Analysis by financial year
GDS dentists receive a monthly payment schedule. This is paid around the 20th of the following month, e.g. the June 2019 payment schedule was paid on the 20th July.

Data in this report is published by the payment schedule financial year, i.e. 2019/20 relates to payment schedule months April 2019 to March 2020.

Most treatments are undertaken and paid in the same year. However, in some cases, particularly treatments which cover several weeks or years, payment may be made in a different year to when the treatment was started.

NHS board of the dentist – Fees & Treatments
Information on fees and treatments paid to dentists are presented by NHS board of the dental practice, derived using the 2019 NHS board boundaries. Older data is based on 2014 and 2018 NHS Board boundaries.

Mid-year population estimates
The most recently available NRS mid-year population estimates have been used in this publication, as detailed below:

<table>
<thead>
<tr>
<th>Population estimates</th>
<th>Based on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-2015 to Mid-2019</td>
<td>2011 Census</td>
</tr>
<tr>
<td>Mid-2012, Mid-2013, Mid-2014</td>
<td>Corrected population estimates based on the 2011 Census</td>
</tr>
<tr>
<td>Mid-2002 to Mid-2011</td>
<td>Revised following the 2011 Census</td>
</tr>
<tr>
<td>Mid-2001</td>
<td>2001 Census</td>
</tr>
</tbody>
</table>
SDR IOS earnings
For the purposes of this publication:

SDR IOS earnings = IOS fees + regulation 9 sum authorised + IOS award amount + referral fee + deprivation category enhancement payment + bulk adjustments (i.e. recoveries or underpayments)

Please see the Glossary for definitions of the above fees.

Registration payments
For the purposes of this publication:

Capitation = Capitation fees + bulk adjustments (i.e. recoveries or underpayments) + special needs payment + deprivation category enhancement payment + registration award amount

Continuing care payments = Continuing care fees + bulk adjustments (i.e. recoveries or underpayments) + special needs payment + deprivation category enhancement payment + registration award amount

Please see the Glossary for definitions of the above fees.

Calculating cost per head of population
The cost per head of population is derived using the following formulae:

\[
\text{Cost per head of child population in area} = \frac{\text{Sum of child fees in area}}{\text{Population 0-17 years in area}}
\]

\[
\text{Cost per head of adult population in area} = \frac{\text{Sum of adult fees in area}}{\text{Population 18+ years in area}}
\]

To calculate the cost per head for NHS board, the sum of fees relates to the NHS board of the dentist, while the mid-year population estimates are the numbers of people resident in the NHS board of the dentist. These are both derived using the 2018 NHS board boundaries.
Calculating cost per registered patient

The cost per registered patient is derived using the following formulae:

\[
\text{Cost per registered child in area} = \frac{\text{Sum of child fees in area}}{\text{Number of registered children in area}}
\]

\[
\text{Cost per registered adult in area} = \frac{\text{Sum of adult fees in area}}{\text{Number of registered adults in area}}
\]

To calculate the cost per registered patients for NHS board, both the fees and number of patients registered are based on the NHS board of the dentist.

Calculating the rate of treatments per 100 courses of treatment

The rate per 100 courses of treatment is derived using the following formulae:

\[
\text{Rate per 100 courses of treatment} = \frac{\text{number of treatments} \times 100}{\text{number of courses of treatment}}
\]

A course of treatment can cover a single treatment or multiple treatments. Each treatment is counted in the numerator; however, a course of treatment covering multiple treatments will only be counted once in the denominator. As a result, the rate per 100 courses of treatment will sometimes exceed 100.
Appendix 4 – Impacts on treatments and fees data

COVID 19
Due to the COVID19 pandemic, some treatments which were scheduled for the last few weeks of March 2020 were postponed. This will have an impact on the number of treatments undertaken and fees paid in 2019/20.

Registration rates
A key policy change influencing registration levels has been the introduction of non-time-limited registration. Prior to April 2006, patient registration lapsed after a period of 15 months if the patient did not attend the dental practice. This was extended to 36 months from April 2006 and further extended to 48 months from April 2009. In April 2010, ‘lifetime registration’ was introduced, i.e. the patient will remain registered with that dentist unless they move to another dentist, or upon death. These extensions to the registration period are likely to have had, and will continue to have, an impact on registration rates.

Patient attendance at GDS
As reported in the Registration & Participation publication, the number of patients attending GDS has risen in recent years. In the two-year period up to 30th September 2019 3.6 million registered patients participated in GDS. This increase in patient activity is likely to have impacted on how many treatments are undertaken and the corresponding SDR IOS earnings.

Creation of PDS
The creation of the PDS in January 2014 increased GDS activity and hence the claimable fees, as people who were previously treated by CDS dentists began to be registered and treated under GDS.

NHS board population and service profiles
The different population and service profiles for the NHS boards may mean that private dentistry or historically the CDS may play differing roles in treating patients across the different areas. This will impact on GDS activity and fees data and may explain some variation seen between the boards.

Free dental examination from April 2006
Since April 2006, dental examinations have been free for all patients in Scotland. This may impact on the number of adults attending GDS.

Index of Orthodontic Treatment Need (IOTN)
In October 2011, the Index of Orthodontic Treatment Need (IOTN) was introduced as a means of assessing the need and eligibility of children for orthodontic treatment under GDS arrangements. Orthodontists will assess the requirement for orthodontic treatment against guidelines. This may have an impact on the number of orthodontic treatments undertaken and corresponding fees paid to GDS dentists.

**Differences in adult and child data**

The following points explain some differences between adults and children, over time and between areas. Caution should be taken when interpreting the figures in this publication, and comparisons between children and adult figures should not be made.

**Children**

GP17: The ‘true’ level of treatment being delivered by GDS for children will be undercounted, as not all Statement of Dental Remuneration Items of Service (SDR IOS) are claimable for children. Note however, this is an accurate representation of what can be claimed for treatment on children.

GP17(O): The claiming rules do not result in undercounting of orthodontic activity. However, as the overall number of courses of treatment will be lower than the ‘true’ level of treatment, the percentage of orthodontic treatment reported in this publication will be higher in relation to the ‘true’ value of all treatments delivered by GDS, though will reflect the true percentage of treatments which are claimable.

**Adults**

GP17: All SDR IOS relating to adults can be claimed.

GP17(O): NHS orthodontic care is not usually available for patients aged over 18 but may be approved on a case-by-case basis if it is needed for health reasons.
Appendix 5 – Links/comparisons to other sources of dental health information

The sources below offer information related to dental services and dental health. Most of these sources are external to PHS and we cannot guarantee the content or accessibility of these external web sites.

**Dental data in Scotland**

[Childsmile - improving the oral health of children in Scotland](#). In addition to payments for registering and treating patients, dentists may be entitled to claim other payments, e.g. ‘commitment payments’ or a ‘remote area allowance’. These payments are excluded from these statistics. Information on these allowances is published in the [Scottish Dental Practice Board annual report](#).

PHS publishes:

- Information relating to the [General Dental Service Workforce](#) in Scotland.
- An annual [NHS Registration and Participation](#) report providing information on GDS registrations and participation with GDS.
- An annual [National Dental Inspection Programme (NDIP)](#) report which advises the Scottish Government, NHS boards and other organisations concerned with children's health of the oral disease prevalence in their area.
- An annual report providing information on the application of fluoride varnishing to children’s teeth.

The 2017 [Scottish Health Survey](#) was published in September 2018 and covers dental health topics such as dental health problems and trends in prevalence of natural teeth.

The [Scottish Adult Oral Health Survey 2018](#) provided detailed analyses of oral health and behaviours of patients aged 45 and over.

**Comparison with other UK dental fees and treatments data**

<table>
<thead>
<tr>
<th>Country</th>
<th>Fees data</th>
<th>Courses of Treatment measure</th>
<th>Links:</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>Yes</td>
<td>Yes</td>
<td><a href="#">The Health and Social Care Information Centre (HSCIC)</a></td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>Yes</td>
<td>-</td>
<td><a href="#">The Health and Social Care Information Centre (HSCIC)</a></td>
</tr>
<tr>
<td>Wales</td>
<td>Yes</td>
<td>Yes</td>
<td><a href="#">The Health and Social Care Information Centre (HSCIC)</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="#">StatsWales</a></td>
</tr>
</tbody>
</table>
Further information on comparisons with the UK and International data can be found on the [ScotPHO Oral Health](#) pages.

The Health and Social Care Information Centre (HSCIC) in England produces annual and quarterly statistical publications providing a range of information on all patients who receive NHS dental care in Scotland, England, Northern Ireland and Wales. Subjects covered include: earnings and dental activity including course of treatments.

StatsWales provide statistics on GDS, including data on the number of courses of treatment undertaken.

The Office for National Statistics' (ONS) has carried out a [Dental Health Survey of Children and Young People](#) every ten years since 1973. The study provides information to underpin dental health care for children in England, Wales and Northern Ireland. The information collected helps the NHS to understand how the dental health of each generation of children is changing. It is used in the planning of dental care services for the future.
## Appendix 6 - Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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</thead>
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<tr>
<td>Publication title</td>
<td>NHS GDS treatments and GDS fees</td>
</tr>
<tr>
<td>Description</td>
<td>This release provides information on NHS GDS treatments and fees by financial year; 2000/01 to 2018/19.</td>
</tr>
<tr>
<td>Theme</td>
<td>Dental Health Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Treatments and Fees</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks and PDF</td>
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<tr>
<td>Data source(s)</td>
<td>MIDAS, GDP Deflator</td>
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<tr>
<td>Date that data are acquired</td>
<td>22nd May, 2020, 30 June 2020</td>
</tr>
<tr>
<td>Release date</td>
<td>15th September 2020</td>
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<tr>
<td>Frequency</td>
<td>Annual</td>
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<tr>
<td>Timeframe of data and timeliness</td>
<td>Year ending March 2020. Six months in arrears.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Reports annually.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>These data are not subject to planned major revisions. However, PHS aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and may be updated in the future.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>None</td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>See Glossary and footnotes.</td>
</tr>
<tr>
<td>Relevance and key uses of the statistics</td>
<td>Making information publicly available for planning, provision of services, research, etc.</td>
</tr>
<tr>
<td>Accuracy &amp; Completeness</td>
<td>GDS data are highly accurate and reliable; they are the product of practitioners’ detailed records of treatments provided to their patients for payment and clinical governance purposes. Practitioner Services Division’s (PSD) internal reporting routinely quantifies the accuracy of MIDAS source data. However, errors made by practitioners in claiming for treatment provided are identified by PSD's validation systems and corrected in the next available payment schedule (usually the following month).</td>
</tr>
</tbody>
</table>

### Summary of the quality assurance undertaken on the dental payments database

Two types of checks are made as payment verification of the GDS payment database. The Level 1 checks are there to check the quality of
the data held in the database; Levels 2-4 are designed to determine fraudulent claims by dentists.

The Level 1 checks cover a range of validations to ensure the payment claims submitted meet the criteria laid down within the Statement of Dental Remuneration, they are not duplicates, that they make sense with regards to the claim being made by the dentist, and are run against all records before being accepted onto the database. Some of these queries are found to be mistakes in the claim, and are resolved, others are not upheld and the payment left as is, and a few are errors made during processing. Any amendments are made to MIDAS and the data quality improved.

Additionally, around 1% of claims are also checked for their appropriateness for clinical need as part of a prior approval process for all claims for treatment over £350. This also helps to ensure data quality.

The second type of checks (the Level 2-4 checks) is largely aimed at detecting fraud. The Level 2 checks involve undertaking trends analysis to try to identify outlier patterns which may indicate fraudulent activity, while levels 3 and 4 involve examining and auditing dental care records. While the purpose of these checks is to safe-guard against fraud, this activity will improve accuracy with any errors identified and resolved within the database.

<table>
<thead>
<tr>
<th>Comparability</th>
<th>Comparisons with UK-wide statistics. See Appendix 5.</th>
</tr>
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<tr>
<td>Accessibility</td>
<td>It is the policy of PHS to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td>Coherence and clarity</td>
<td>Tables and charts are accessible via the PHS website at: <a href="https://beta.isdscotland.org/">https://beta.isdscotland.org/</a></td>
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<tr>
<td>Value type and unit of measurement</td>
<td>NHS GDS Treatments: number, cost and rate of treatments. NHS GDS fees paid to dentists.</td>
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<tr>
<td>Disclosure</td>
<td>The PHS protocol on Statistical Disclosure Protocol is followed.</td>
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<td>Official Statistics designation</td>
<td>National Statistics</td>
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<tr>
<td>UK Statistics Authority Assessment</td>
<td>Awarded. Further details can be found in the UKSA assessment report (report 209).</td>
</tr>
<tr>
<td>Last published</td>
<td>17th September 2019</td>
</tr>
<tr>
<td>Next published</td>
<td>September 2021</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>31st March 2003</td>
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<tr>
<td>Help email</td>
<td><a href="mailto:phs.isd-dental-info@nhs.net">phs.isd-dental-info@nhs.net</a></td>
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<tr>
<td>Date form completed</td>
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Appendix 7 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads
Appendix 8 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public’s health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the Code of Practice for Statistics in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the ‘five safes’.